

<b>Case Number:</b>	CM15-0170536		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	04/17/2015
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 36 year old female who sustained an industrial injury on 04-17-2015. Initial injuries occurred to the left ankle when she leaving work and walking to her car. Current diagnoses include left ankle sprain and rule out sprain with lateral ankle instability. Report dated 08-11-2015 noted that the injured worker presented with complaints that included pain in the left lower extremity. Physical examination revealed severe tenderness over the anterior talofibular ligament, there is guarding and range of motion is difficult to assess. Previous diagnostic studies included a MRI of the left ankle. Previous treatments included medications, physical therapy, and durable medical equipment. The treatment plan included request for stem cell therapy to the left ankle. Currently the injured worker is working modified duty. The utilization review dated 08-24-2015, non-certified the request for stem cell therapy, left ankle based on no diagnosis of osteoarthritic condition or rheumatoid arthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Stem Cell Therapy, left ankle:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot, Stem Cell Autologous Transplantation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) stem cell therapy.

**Decision rationale:** The ACOEM and California MTUS do not specifically address the requested medication. The ODG states the requested service is under study as has been used for osteoarthritis, rheumatoid arthritis, spinal injury, degenerative joint disease, autoimmune diseases, cerebral palsy, limb ischemia, multiple sclerosis, diabetes and heart failure. The patient has no indication for the therapy and the request is not medically necessary.